

## DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397  
**PRINCIPAL PURPOSE:** To assist leaders in conducting and recording counseling data pertaining to subordinates.  
**ROUTINE USES:** For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.  
**DISCLOSURE:** Disclosure is voluntary.

### PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

### PART II - BACKGROUND INFORMATION

**Purpose of Counseling:** (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

To:

- Determine why soldier was not at appointed Place of Duty.
- Implement measures to prevent future situations of this type.

### PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

#### Key Points of Discussion:

On or about (Rank/Name)\_\_\_\_\_ you failed to be at you appointed place of duty  
(Location)\_\_\_\_\_. This type of action will not be tolerated. As a result of this incident, I am  
recommending/directing the following actions be taken:

1. Corrective Training:\_\_\_\_\_
2. Summary Article 15 (authority to recommend only) \_\_\_\_\_
3. Company Grade Article 15 (authority to recommend only) \_\_\_\_\_
4. Field Grade Article 15 (authority to recommend only) \_\_\_\_\_
5. Other (to include revocation of privileges)(authority to recommend only) \_\_\_\_\_

Verbal / Formal counseling for past FTR's: (insert dates and circumstances or circle N/A)

### OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (*other than rehabilitative transfers*), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

**Plan of Action:** *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)*

- Soldier (circle one)
  - a. Received and signed memorandum of notification of possible separation for continued substandard performance IAW AR 635-200, para 1-18(a) (Magic Statement)
  - b. Memorandum of notification of possible separation was reviewed with soldier to ensure that the soldier understood possible consequences for continued substandard performance.
- Will conduct follow up counseling two weeks from today's date.
- Soldier gave the following reasons for FTR:
  
- Measures taken to prevent reoccurrence:

**Session Closing:** *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual \_\_\_\_\_ Date: \_\_\_\_\_

**Leader Responsibilities:** *(Leader's responsibilities in implementing the plan of action.)*

- Monitor soldier's performance in this area.
- Conduct follow-up assessment.

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

#### PART IV - ASSESSMENT OF THE PLAN OF ACTION

**Assessment:** *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: \_\_\_\_\_ Individual \_\_\_\_\_ Date of \_\_\_\_\_

**Note:** Both the counselor and the individual counseled should retain a record of the counseling.